

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34012

FILED OCT 30 1948

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 9072

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1114 S. 4th St. Route City Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community LIFE years, months or days)

3. (a) PRINT FULL NAME GEORGE COLE

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex MD 5. Color or race W 6. (a) Single, widowed, married, divorced S. b
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased JAN ? 1867
(Month) (Day) (Year)

8. AGE: Years abt-81 Months — Days — If less than one day hr. min.

9. Birthplace St. Louis MO. U
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Instrument Maker

11. Industry or business

12. Name Jamies Cole
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Amelia Stedman
15. Birthplace Paris France
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Cole

(b) Address 4865 Austria

17. (a) Cremation (b) Date thereof 10/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director J. B. Ziegenhein

(b) Address 209 E. 1st St.

19. (a) OCT 20 1948 (b) J. B. Lasater
(Date registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1114 S. 4th (If rural, give location)
22
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1948 hour 6 minute 35 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death gun shot wound of Skull and Brain self inflicted Duration
at his home on Oct 18 1948
about 6:35 am

Due to _____

Other conditions (Include pregnancy within 3 months of death) 164

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Oct 18 1948

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? No (Specify type of place) (e) Means of Injury See above

23. Signature Walter Cole (M. D. or other) 3

Address St. Louis Date signed 10/20/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed..... *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address..... *7027 Gravois*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.